## AFFIDAVIT IN APPLICATION FOR ABSENTEE BALLOT FOR THE APRIL 5, 2010 TOWN OF ODESSA MUNICIPAL ELECTION

NAME			
ADDRESS			
DATE OF BIRTH			
PHONE NUMBER (if available)			
EMAIL ADDRESS (if available)			
EXPECTED LOCATION ON ELECTION I			
If you wish the ballot to be mailed to Registration reco	ord, please fill in	that address here:	
City:			
If this is the first time you have voted photocopy of your driver's license of household stating that you This application must be notarized. Corganizations and illness / disability a	or state ID card, o ar place of reside Certain exception	or a notarized letter ence is the Town of as pertaining to arn	r from the head of Odessa.  med forces / service
I do solemnly swear (or affirm) that the	e above informat	ion is true and cor	rect.
Signature			Date
SWORN TO AND SUBSCRIBED before a			

	My commission expires		
Notary Public	<u> </u>		
Instruc	tions for returning this application:		

Please return this completed application to the Town Office or mail to the Chair of the Odessa Board of Elections. Your application must be <u>received</u> no later than

12 noon on Friday April 2, 2010. Upon verifying your application, an absentee ballot will be ailed to you. Instructions for voting will be enclosed with the ballot.

Revised: 2/9/10 Mydocuments/election2010